

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/ 587009

FILING DATE

5/21/06

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1				
3	2		1			
4	8		1			
5	0					
6	0					
7	0					
8	0					
9	0					
10	1		1			
11	1		1			
12	1		1			
13	1		1			
14	8		1			
15	0					
16	1		1			
17	0		1			
18	0		1			
19	1		1			
20	1		1			
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50						
TOTAL IND.		↓	5	↓		↓
TOTAL DEP.	←	15	←	←	←	←
TOTAL CLAIMS		20				

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.		↓			↓	
TOTAL DEP.	←		←	←	←	←
TOTAL CLAIMS		20				